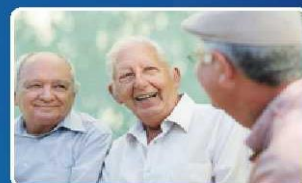


# Inspection Report

**12 February 2024**



## Madelayne Court

**Type of service: Nursing**

**Address: Dunseverick & Dunluce Suites, 1-27 Nursery Avenue,  
Portstewart BT55 7LG**

**Telephone number: 028 7083 1014**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Kathryn Homes Ltd  <b>Responsible Individual</b> Mrs Tracey Anderson	<b>Registered Manager:</b> Mrs Jane Bell - not registered
<b>Person in charge at the time of inspection:</b> Mrs Jane Bell - manager	<b>Number of registered places:</b> 48  A maximum of 22 patients in category NH-DE to be accommodated in the Dunseverick Suite, and a maximum of 26 patients in categories NH-I, NH-MP(E) and NH-PH(E) to be accommodated in the Dunluce Suite. A maximum of 4 patients in category NH-TI. The home is also approved to provide care on a day basis for 1 person in the Dunseverick Suite.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 48
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 48 patients. The home is divided in two units; the Dunseverick Suite located on the first floor in which provides care for patients living with dementia; and the Dunluce Suite located on the second floor which provides general nursing care.  There is a separate registered residential care home located within the same building for which the manager also has operational responsibility and oversight.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 February 2024 from 9.40 am to 2.45 pm a by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Madelayne Court was provided in a compassionate manner by staff that knew and understood the needs of the patients.

No areas requiring improvement were identified during this inspection.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Madelayne Court. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I am more than happy here", while another patient said, "They are looking after me very well." A further patient said, "The staff treat me well."

Relatives spoken with were complimentary of the care provided in the home. One relative said, "I am happy with the care. I had to raise a few things but they listened and got all sorted."

Staff spoken with said that Madelayne Court was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No responses were received to the online staff survey and no questionnaires were returned by patients or their relatives.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 2 August 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> Second time	The registered person shall ensure that nursing staff manage falls in keeping with best practice. All actions taken post fall should be appropriately recorded in the patient's care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control (IPC) issues identified during the inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that medicines receipt records are fully and accurately completed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	The registered person shall review the management of distressed reactions to ensure that: <ul style="list-style-type: none"> <li>• a care plan is in place to direct care</li> <li>• the reason for and outcome of administering the medicines is recorded.</li> </ul>	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> Second time	The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which the nurse manager worked and the actual hours worked by all staff. The rota must identify the name of the nurse in charge of the home on each shift and be signed by the nurse manager or a designated representative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure there are clear documented processes for the prevention and treatment of pressure damage. This is in relation to the repositioning of patients	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 5</b>  <b>Ref:</b> Standard 48  <b>Stated:</b> First time	The registered person shall ensure all fire exits are free from obstacles.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time	The registered person shall ensure the nursing home, including all spaces, is used only for the purposes for which it is registered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff members told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Checks were made to ensure that staff maintained their registration with the Nursing and Midwifery Council (NMC) or with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work when planned staffing levels were adhered to. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that there was ongoing recruitment for a number of care positions in the home.

Patients spoke positively about the care that they received. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly.

Examination of the recording of repositioning evidenced these were generally well completed: minor gaps in record keeping were discussed with the manager who confirmed this is currently an area of focus. The manager confirmed they have increased staffing for twilight shifts and hoped this would assist staff to complete records contemporaneously.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. Examination of records regarding the management of falls evidenced that these were managed in keeping with best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Patients spoke positively in relation to the quality of the meals provided. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner.

Discussion with staff and review of records evidenced that written records of what patients had to eat and drink were contemporaneously maintained.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.



Review of a selection of patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

It was noted that records from the residential care home in the same building were available to staff in the nursing home following transfer of patients from one service to the other. Although risk assessments and care plans had been updated to accurately reflect the patients assessed needs, some of the patients care records related to a separate registered service. This was discussed with the manager who agreed to address this with registered nursing staff and monitor compliance through an admission tracker. This will be reviewed at a future care inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Most staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly. A small number of shortfalls in individual staff knowledge were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

### **5.2.4 Quality of Life for Patients**

Patients were observed listening to music, watching TV or enjoying each other's company while others enjoyed a visit from relatives.

Review of records confirmed that gaps of up to five weeks were noted in activity records for some patients. Review of the duty rota and discussions with staff confirmed that provisions had not been made for delivery of activities in the absence of a wellbeing lead.

The manager confirmed that activity provision and meaningful engagement remained an area of focus for management. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not made at this time. This will be reviewed at a future inspection.

### **5.2.5 Management and Governance Arrangements**

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.



Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There has been no change in the management of the home since the last inspection. Mrs Jane Bell has been the manager since 20 February 2023. RQIA were notified appropriately.

A review of the records of accidents and incidents which had occurred in the home found that these were generally well managed and reported appropriately. Review of records identified two notifiable events which had not been reported. These were submitted retrospectively.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jane Bell, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action (4 April 2022)	The registered person shall ensure that medicines receipt records are fully and accurately completed.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 4 May 2022	The registered person shall review the management of distressed reactions to ensure that: <ul style="list-style-type: none"> <li>• a care plan is in place to direct care</li> <li>• the reason for and outcome of administering the medicines is recorded.</li> </ul> Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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